## GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES

## BARBER AND BEAUTY SHOPS, SCHOOLS, AND THE PRACTICE OF BARBERING AND COSMETOLOGY **INSPECTION REPORT**

DIVISION.	OF F	N//IR	ONME	NTAL	HEALTH

Investigation

Other(Specify Below)

GRADE Inspection Date ESTABLISHMENT NAME: INSPECTION 12 127116 TONY & SON BARBER SHOP Regular

Follow-Up Complaint

Time In/Out: OWNER/OPERATOR:
1:30 12:4 CABISTING, ANTHONY C.

Sanitary Permit: LOCATION: LOT 5015-1-2.8 CARLOS BLOG

No.: 16 0003335 ARMY DR, RT 16, HARMON
Exp.: 06/30/17 ESTABLISHMENT TYPE: BARBER SHOP

TEM NO.*	indicated correction date.  REMARKS	DEMERITS
	A REGULAR INSPECTION WAS CONDUCTED TODAY. NO PREVIOUS INSPECTO	J omer
	WAS CONDUCTED BECAUSE FACILITY JUST OPENED LAST YEAR. THE	1 =0
	FOLLOWING VIOLATIONS WERE OBSERVED TODAY:	SCHOOL
	Desir or balls percureacy wave must used seasons	Corum
4	OWNER DID NOT WASH HANDS BEFORE ATTENDING TO 4 CUSTOMER.	4
	HANDS SHALL BE PROPERLY WASIED BEFORE AND APTER EACH	antife VIII
	CUSTOMER TO PREVENT SPREAD OF DISEASE.	1000
17	BARBICIOE SOLUTION IS HEAVILY SOILED; OWNER SAID THEY RAN OUT OF	6
	SANITIZING SOLUTION.	in some
	ALL INSTRUMENTS AND EQUIPMENT SHALL BE OLEANED AND	Strang 1 1
	SANMIZED BETWEEN EACH WE TO KILL GERMS.	
19	MEASURING CUP NOT USED TO PROPERLY DILUTE SANITIZING SOLUTION.	2
	STANDAND MEASURING CUPS OR SPOONS SHALL BE USED TO	2 201/0
	ENSURE PROPER DILUTION OF SMNTHIZING SOLUTION.	
21	DRAWERS IN ALL NORK STATIONS CONTAIN 4 LOT OF THAIR PARTICLES / DU	52
	STORAGE CABINETS SHALL BE KETT CLEAN TO PREVENT PROUPE -	
	RATION OF GERMS.	
29	REST ROOM GENERALLY UNKLEAN.	2
- /	TOILET FACILITIES STIPLL BE KEPT CLEAN TO PREVENT HARBORITE	F
	OF PEUS H DIA 22 FIND BURE 2 93 XCO 1	ETOOK 1
	A SDEPLY	STANY
34	CLEAN TOWERS BEING STORED WITH OTHER TEMS (BOXES, DOCUMENTS, 5)	c) 4
	TONELS SHALL BE STORED PROPERLY TO PREVENT CONTAMINATION.	dawii E
I H	AVE READ AND UNDERSTAND THE ABOVE VIOLATION(S) AND I AM AWARE OF THE CORRECTIVE MEASURES TO BE TAKEN.	
	the following items are cited above, they shall be add within ten (10) days of this inspection:	AVAIL
(1), (2), (3),	(7), (8), (17), (22), (24), (31), (43), and (45). DEH INSPECTOR (Name & Tide):  LEILANI NAVARRO, EPHO I	
	CEILMAI NAVANCO, EIIIO I	

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## BARBER AND BEAUTY SHOPS, SCHOOLS, AND THE PRACTICE OF BARBERING AND COSMETOLOGY

Investigation

Other(Specify Below)

INSPECTION REPORT DIVISION OF ENVIRONMENTAL HEALTH GRADE Inspection Date ESTABLISHMENT NAME: INSPECTION

TONY & SON BARBER SHOP 1212716 Regular Time In/Out: OWNER/OPERATOR: Follow-Up CABIGTING, ANTHONY C. 1:30 12:45 Complaint

Sanitary Permit: LOCATION: LOT 5015-1-2-8 CARLOS BLDG No:/60003335 ARMY OR, RT 16, HARMON Exp.: 04/30/17 ESTABLISHMENT TYPE: BARBER SHOP

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner as the

ITEM NO.*	REMARKS	DEMERITS				
8 widense	SEVERAL NECK DUSTERS AND BRUSHES MADE OF WOOD AND BRUSTLE	cas				
	FOUND IN ALL WORK STATIONS.	io all				
	COMMON NECK DUSTERS AND BRUSHES THAT ORE NOT ENSILY	mining 1.5				
	CLEANABLE STALL BE USED TO PREVENT SPREAD OF GERMS.	Cattor				
	CORRECTIVE ACTION: ALL BRUSHES AND DUSTERS WERE DISCARDED.	CONTRACTOR OF THE PARTY OF THE				
26	PAPER TOWEL NOT PROVIDED FOR HANDWASHING SINK IN THE WORK	cas				
	STATION AND IN THE REST ROOM.					
	PAPER TONEL SITURL BE PROVIDED TO PROMOTE PROPER	Thorne				
	HANDWASHING SEEMENS MERE	WALL Y				
	CORRECTIVE ACTION: PISPENSERS WAS REFLUED WITH PAPER	SHORE S				
	TOWELS between Philippe vpolishmens					
	PICTURES OF VIOLATIONS WERE TAKEN.	amirra 1				
	ISSUED "B" PLACARD NO. 00866.					
	DISCUSSED THIS REPORT WITH OWNER, ANTHONY CABIGTING.					
	Organia to the management and maddle 200 to	BY LUMB				
	The transfer of the second of	STANGE A				
	Provided San Region - Sint Market Parket - American San San San San San San San San San S					
	CASSILLATE DESCRIPTION AND AND AND AND AND AND AND AND AND AN	genote i				
	P. SCHILLA.	FAW				
	Sternatures and an analysis of the property of	amilia X				
THE	AVE READ AND UNDERSTAND THE ABOVE VIOLATION(S) AND I AM AWARE OF THE CORRECTIVE MEASURES TO BE TAKEN.					

\*When any of the following items are cited above, they shall be corrected within ten (10) days of this inspection: (1), (2), (3), (7), (8), (17), (22), (24), (31), (43), and (45).

DEH INSPECTOR (Name & Title): LEILANI NAVARRO

WHITE COPY - Office YELLOW COPY - Establishment

GEH-07 Rev: 10/98